



# Odaiko New England Taiko Class Registration Form

RCVd	DB

Complete this form and mail or bring in with payment to:

**Odaiko New England, 29 Montvale Ave. Suite #23, Woburn, MA 01801.**

This form *must* be signed by the student or the parent/guardian of minor.

Student's Name: \_\_\_\_\_  New Student  Returning Student

*Check the appropriate semester:*

- Winter Term
- Spring Term
- Summer Term
- Fall Term

*Check the appropriate class:*

- Taiko Fundamentals (6:45-8:30 PM)
- Taiko Styles (8:00-10:00 PM)

Parent's Name(s) (if under 18): \_\_\_\_\_ DOB (minors): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or other pertinent medical information: \_\_\_\_\_

Amount Paid: \_\_\_\_\_  Cash  Check # \_\_\_\_\_ Balance: \_\_\_\_\_

Class space may be reserved with a nonrefundable deposit of \$50. Tuition balance is due on the start date of class. Limited scholarships are available through our worktrade program. Please contact Odaiko New England office for more information.

**Refund Policy:** Class registration withdrawal requests that are received two weeks prior to the start date of the class are eligible for a full refund. Requests received after that time will be credited to your next class registration. All refunds and credits are subject to Odaiko New England approval.

**Agreement:** I, \_\_\_\_\_, do hereby agree that Odaiko New England/ACAS Center, its owners, officers, agents, supervisors, instructors, employees, successors and assigns may not be held liable in any way for any occurrence in connection with my physical training program or the use of the facilities or equipment of Odaiko New England/ACAS Center which may result in injury, death or other damage to myself. In consideration for being permitted to engage in the taiko folk music training program and the use of the facilities, I hereby release Odaiko New England/ACAS Center, its owners, officers, agents, supervisors, instructors, employees, successors and assigns from any and all causes of action, debts, controversies, and claims in connection with injuries, death or damage to myself, which I, my heirs, executors, administrators, successors and assigns ever had, now have or hereafter may have. Furthermore, I do personally assume all risks in connection with the aforesaid use, for any harm, injury, damage which may befall me or my personal property whether foreseen or unforeseen, and further save and hold harmless the said corporation and persons from any claims, including but not limited to any claims or liabilities arising out of negligence of the aforesaid corporation, agents, officers, supervisors, instructors, employees, successors and assigns, by me, my family, estate, heirs or assigns. I/my child are physically fit to practice and engage in the physical program connected with taiko training and there is no reason known to me/my child for not participating in these activities. I agree that photographs of me/my child may be used for promotional purposes by Odaiko New England. This agreement shall remain in effect until I have actively ceased any activity with Odaiko New England and have also given 30 days written notification of intent of being released from this waiver. I agree that Odaiko New England has permission to contact me in the future at the above mailing address, phone number and email address. I am willing to be photographed or videographed by Odaiko New England or its contractors either individually, or as part of a group. I further agree that my name may be used to identify me as a subject in any photographs or video of me.

Signature (student): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (parent/guardian of minor): \_\_\_\_\_ Date: \_\_\_\_\_